



IRO REVIEWER REPORT – WC

DATE OF REVIEW:

05/25/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Ankle Arthroscopy with Bone Fracture Fragments Removal, Debridement, and Possible Drilling of the Defect, with surgical assistant
Post Op Immobilization/Protected Weight-Bearing in Pneumatic Boot
Post Op Physical Therapy – 18 visits

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☒ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Left Ankle Arthroscopy with Bone Fracture Fragments Removal, Debridement, and Possible Drilling of the Defect, with surgical assistant - Overturned
- Post Op Immobilization/Protected Weight-Bearing in Pneumatic Boot - Upheld
- Post Op Physical Therapy – 18 visits - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant sustained a work injury on XX/XX/XX when his foot was run over by a X. He is diagnosed with left ankle sprain, and displaced dome fracture of the left talus. MRI

Impression includes an unstable 1.0 cm osteochondral fracture of the medial talar dome with subchondral microtrabecular edema, mild effusion of the joint space, and a torn anterior talofibular ligament. The posterior talofibular ligament and calcaneofibular ligaments and deltoid ligaments are intact. There is no tendonitis or tenosynovitis noted.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The ankle arthroscopy would be indicated: there exists fair evidence-based literature to support recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions. 18 Postoperative PT visits are not reasonable; the osteochondral lesion is most likely arthritis (Arthropathy, unspecified): for which only 9 visits over 8 weeks would be appropriate. Arthroscopy and debridement of the lesion would not require more PT. Bracing (immobilization) is not recommended in the absence of a clearly unstable joint. Therefore, the arthroscopy is certified as medically reasonable but the requests for the request PT of 18 post-op visits and the bracing cannot be certified as requested.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☒ ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES